## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/767,216	_
Filing Date	01/29/04	
First Named Inventor	Pamela R. Lipson	
Title	Information Search and Retrieval System	
Art Unit	2161	
Examiner Name	Kim, Paul	
Attorney Docket Number	018236-001900US	

I hereby revoke all p	previous powers of attorney given in the at	ove-identified appl	lcation.	
I hereby appoint:		ſ		1 <b>i</b>
Practitioners a	ssociated with the Customer Number:	20350		
OR				
Practitioner(s) r	named below:			
	Name		Registration Number	
as my/our attorney(s) or Trademark Office conne	agent(s) to prosecute the application identified a coted therewith.	bove, and to transact	all business in the United S	tates Patent and
Please recognize or ch	ange the correspondence address for the above	e-identified application	n to:	
The address	associated with the above-mentioned Custo	mer Number:		
OR				
The address a	associated with Customer Number:			
Firm or Individual Name				
Address				
City		State	Zip	
Country		Email		
Telephone		Email		
1 am the: Applicant/inve	ntor.			
	ord of the entire Interest. See 37 CFR 3.71. or 37 CFR 3.73(b) is enclosed. (Form PTO/SB/9	6).		
	SIGNATURE of Applicant	or Assignee of Reco	ord	
Signature	Gan elm		Date 3/15/07	
Name	Pamela R. Lipson		Telephone	
Title and Company	Inventor			
NOTE: Signatures of all the signature is required, see b	inventors or assignees of record of the entire interest or elow*.	r their representative(s) a	re required. Submit multiple form	ns if more than one
Total of 2 fo	rms are submitted.			
61009472 v1				

## POWER OF ATTORNEY CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	Number 10/767,216	
Filing Date	01/29/04	
First Named Inventor	Pamela R. Lipson	
Title	Information Search and Retrieval System	
Art Unit	2161	
Examiner Name	Kim, Paul	
Attorney Docket Number	018236-001900US	

I hereby revoke all p	previous powers of attorney given in the	above-identified application.				
I hereby appoint						
Practitioners a	ssociated with the Customer Number:	20350				
OR						
Practitioner(s) r	named below:					
	Name	Registration Number				
		<del> </del>				
as my/our attorney(s) or Trademark Office conne	agent(s) to prosecute the application identificated therewith.	d above, and to transact all business in the Uni	led States Palent and			
Please recognize or chi	ange the correspondence address for the al	ove-identified application to:				
The address	associated with the above-mentioned Cu	stomer Number:				
OR						
	associated with Customer Number:					
OR Firm or	<del> </del>					
Address Address						
City		State Zip				
Country Telephone		Email				
I am the:						
Applicant/Inver						
Assignee of rec	ord of the entire Interest. See 37 CFR 3.71. or 37 CFR 3.73(b) is enclosed. (Form PTO/S	B/96).				
		ent or Assignee of Record				
Signature	Day Louis	Dale 3/15/0	7			
Name	Pawan Sinha Telephone					
Title and Company						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one						
signature is required, see b						
1009340 v1	rms are submitted.					